

ST. CHARLES POLICE DEPARTMENT CITIZEN POLICE ACADEMY **APPLICATION**

1.	Name:			
	Last	$\overline{}$	First	MI
2.	Date of Birth:	Drivers License Number:		
3.	Address:			
4.	Address: Telephone #: Home:	W	/ork:	,
	Emergency Contact:			
	Nai	ne	Relationship	Phone #
5.	Have you ever been convicted of a crime other than a traffic offense? Yes No			
	If Yes was answered on question #5, please explain where, when and the disposition:			
6.	Place of Employment:			
	Address:			
	Street	City	State	Zip Code
	Occupation/Title:			
Depa do ho dama delib Polic	I certify that all statement individual, company, organ artment, any and all informmereby release all parties and ages whatsoever incurred in perate misstatement or omistice Academy. My signature erial provided.	nization or institution ation concerning standividuals conner in furnishing such in ssion of material fa	on to release, to the St. catements made by me ected therewith from a information. I agree ar cts may disqualify me	Charles Police on this application, an Il liabilities from any and understand that any to attend the Citizen
Sign	ature			